

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1930

*Kendig*

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25575

1. PLACE OF DEATH

County Sevier Registration District No. 821  
Township Richland Primary Registration District No. 4553  
City Sevieston (No. 4553) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 64  
Registered No. \_\_\_\_\_

2. FULL NAME

Clarence Foster Bruton jr

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 0 0

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Decorator  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mid Oklahoma

10. NAME OF FATHER Clarence F Bruton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Centralia

12. MAIDEN NAME OF MOTHER ella Kemper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

14. INFORMANT Clarence F Bruton jr  
(Address) Sevieston Mo

15. FILED 8/8/30 Walter E. Sims  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11 1930 to July 14 1930 that I last saw h. \_\_\_\_\_ alive on July 11 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
mesenteric thrombosis  
99A

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Not Determined

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Howard M. Kendig, M. D.  
7/14 1930 (Address) Sevieston Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park  
DATE OF BURIAL 7/16 1930

20. UNDERTAKER H. J. Wick  
ADDRESS Sevieston Mo

